

**Granite State Osteopathic Physicians
Nate DeLisi, D.O.**

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August 14, 2001**

Kimberly Topper
Food and Drug Administration, CDER
Advisors and Consultants Staff, HFD-21
5600 Fisher's Lane
Rockville, MD 20857

Re: Anesthetic and Life Support Advisory Committee
Use of Opioid Medications in Chronic Non-Cancer Pain.

Greetings:

Pain often is one of the most frequent symptoms of presentation in a physician's office. Unfortunately, most physicians are inadequately trained in the full treatment and alleviation of pain. It has been my experience over time that the largest group of patients presents with acute pain that is the result of activities or events that have occurred in the recent past. These patients often respond very well to conservative treatment of short duration. If there have been other factors of serious problems, they may require a more intense evaluation and treatment regiment. Generally, this group of patients does not require the use of stronger pain medications including the opioid medications.

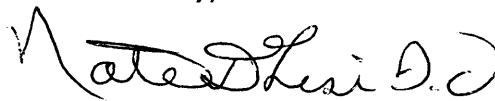
A second group of patients are those with more chronic pain that is a result of inappropriate or non-specific treatment of an acute situation that has extended over a longer period of time. These patients may require short-term use of more intense pain medications and are generally very self-limiting. Also in this group would be patients who are post-surgery. These patients need pain medication and would benefit most from a long-duration, time-released formulation. In these, as well as most pain control measures, physicians and patients tend to use too little too late and as a result, have too little control of pain. An appropriate amount on a regular basis does more to control the pain and often requires lower doses in total.

The final general class of patients is those who are truly in chronic pain from trauma or other non-cancer medical problems. These patients are often the most difficult to treat and the most challenging to the clinician. These patients often require opioid pain medications to sustain activities of daily living.

Although, there is a great potential for abuse of the opiod pain medications, individuals who are truly in the chronic pain situation are less likely to abuse this class of drugs. Many factors have entered into the abuse potential of these medications. The current cultural climate fosters the dependence and utilization of inappropriate means to provide artificial mind-altered states. This however is not the greatest problem faced in this area. The deterioration of a stable patient-physician relationship has done more to cause the problems of the abuse of opiod medications than all other factors combined. Part of this relates to a highly mobile population. Another large portion of this are those who live in a given area but either frequently change jobs or their health insurance changes and they are forced to change physicians. There is also a growing emphasis on specialty care versus the general practice/family physician. The growing emphasis and shortening of physician-patient contact time further creates difficulties in understanding and administering true medical care to individuals.

Opiod medications have a place in treating patients in pain. Safeguards to prevent abuse may need to be strengthened with sure and certain consequences.

Sincerely,

A handwritten signature in black ink that reads "Nate DeLisi D.O." The signature is fluid and cursive, with the first name "Nate" being the most prominent.

Nate DeLisi, D.O.

NDL/ses

CC: Joe Russell, Robert Reder, M.D.